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## NOTICE OF ALLOWANCE AND FEE(S) DUE

24267

7590

05/03/2007

CESARI AND MCKENNA, LLP 88 BLACK FALCON AVENUE BOSTON, MA 02210 EXAMINER SMITH, RUTH S

PAPER NUMBER

ART UNIT

DATE MAILED: 05/03/2007

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/603,851      | 06/25/2003  | Kenneth L. Carr      | 102015-0040         | 3706             |

TITLE OF INVENTION: APPARATUS FOR MEASURING INTRAVASCULAR BLOOD FLOW

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | YES          | \$700         | \$300               | \$0                  | \$1000           | 08/03/2007 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

| CURRENT CORRESPONDE                                                                                                                           | ENCE ADDRESS (Note: Use B                                                                       | ock 1 for any change of addres                                                         | Fee                                                                                                                                                      | (s) Transmittal, Thi                                                                | s certifica                                   | ate cannot be used for                                                                                             | domestic mailings of the                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 2424                                                                                                                                          |                                                                                                 |                                                                                        | pap<br>hav                                                                                                                                               | ers. Each additional<br>e its own certificate                                       | l paper, s<br>of mailir                       | such as an assignmer<br>ng or transmission.                                                                        | t or formal drawing, mus                                                                                        |
| CESARI AND<br>88 BLACK FAL<br>BOSTON, MA 0                                                                                                    | MCKENNA, LL<br>CON AVENUE                                                                       | /2007<br>P                                                                             | I he<br>Stat<br>add<br>tran                                                                                                                              | reby certify that thi<br>es Postal Service w                                        | is Fee(s)                                     | f Mailing or Transm<br>Transmittal is being<br>cient postage for first<br>SUE FEE address a<br>273-2885, on the da | nission deposited with the United class mail in an envelope above, or being facsimile te indicated below.       |
|                                                                                                                                               |                                                                                                 |                                                                                        |                                                                                                                                                          |                                                                                     |                                               |                                                                                                                    | (Depositor's name)                                                                                              |
|                                                                                                                                               |                                                                                                 |                                                                                        |                                                                                                                                                          |                                                                                     |                                               |                                                                                                                    | (Signature)                                                                                                     |
|                                                                                                                                               |                                                                                                 |                                                                                        |                                                                                                                                                          | ·                                                                                   |                                               |                                                                                                                    | (Date)                                                                                                          |
| APPLICATION NO.                                                                                                                               | FILING DATE                                                                                     |                                                                                        | FIRST NAMED INVENTOR                                                                                                                                     |                                                                                     | ATTORN                                        | NEY DOCKET NO.                                                                                                     | CONFIRMATION NO.                                                                                                |
| 10/603,851                                                                                                                                    | 06/25/2003                                                                                      |                                                                                        | Kenneth L. Carr                                                                                                                                          | L                                                                                   | 10                                            | 2015-0040                                                                                                          | 3706                                                                                                            |
| TITLE OF INVENTION:                                                                                                                           | APPARATUS FOR M                                                                                 | EASURING INTRAVA                                                                       | ASCULAR BLOOD FLOW                                                                                                                                       |                                                                                     |                                               |                                                                                                                    |                                                                                                                 |
|                                                                                                                                               |                                                                                                 |                                                                                        |                                                                                                                                                          |                                                                                     |                                               |                                                                                                                    |                                                                                                                 |
| APPLN. TYPE                                                                                                                                   | SMALL ENTITY                                                                                    | ISSUE FEE DUE                                                                          | PUBLICATION FEE DUE                                                                                                                                      | PREV. PAID ISSUE                                                                    | FEE                                           | TOTAL FEE(S) DUE                                                                                                   | DATE DUE                                                                                                        |
| nonprovisional                                                                                                                                | YES                                                                                             | \$700                                                                                  | \$300                                                                                                                                                    | \$0                                                                                 |                                               | \$1000                                                                                                             | 08/03/2007                                                                                                      |
| ЕХАМІ                                                                                                                                         | NER                                                                                             | ART UNIT                                                                               | CLASS-SUBCLASS                                                                                                                                           | ,                                                                                   |                                               |                                                                                                                    |                                                                                                                 |
| SMITH, F                                                                                                                                      | RUTH S                                                                                          | 3737                                                                                   | 600-430000                                                                                                                                               | •                                                                                   |                                               |                                                                                                                    |                                                                                                                 |
| 1. Change of corresponder                                                                                                                     | nce address or indication                                                                       | n of "Fee Address" (37                                                                 | 2. For printing on the p                                                                                                                                 | atent front page, lis                                                               | t                                             |                                                                                                                    |                                                                                                                 |
| CFR 1.363).  Change of correspo                                                                                                               | ondence address (or Cha<br>/122) attached.                                                      | nge of Correspondence                                                                  | (1) the names of up to or agents OR, alternative                                                                                                         | 3 registered patent                                                                 | t attorney                                    | rs 1                                                                                                               |                                                                                                                 |
|                                                                                                                                               | /122) attached. `cation (or "Fee Address"                                                       |                                                                                        | (2) the name of a single                                                                                                                                 | e firm (having as a                                                                 | member                                        | a 2                                                                                                                | *****                                                                                                           |
| PTO/SB/47; Rev 03-02<br>Number is required.                                                                                                   | 2 or more recent) attach                                                                        | ed. Use of a Customer                                                                  | registered attorney or a<br>2 registered patent atto-<br>listed, no name will be                                                                         | meys or agents. If r                                                                | o name i                                      | is 3                                                                                                               |                                                                                                                 |
| 3. ASSIGNEE NAME AN                                                                                                                           | ND RESIDENCE DATA                                                                               | TO BE PRINTED ON                                                                       | THE PATENT (print or type                                                                                                                                | oe)                                                                                 |                                               |                                                                                                                    |                                                                                                                 |
| PLEASE NOTE: Unle                                                                                                                             | ess an assignee is identi                                                                       | fied below, no assigned                                                                | e data will appear on the pa<br>OT a substitute for filing an                                                                                            | ntent. If an assigne                                                                | ee is iden                                    | tified below, the do                                                                                               | cument has been filed for                                                                                       |
| (A) NAME OF ASSIG                                                                                                                             |                                                                                                 | netion of this form is iv                                                              | (B) RESIDENCE: (CITY                                                                                                                                     | _                                                                                   | OUNTRY                                        | Y)                                                                                                                 |                                                                                                                 |
|                                                                                                                                               |                                                                                                 |                                                                                        |                                                                                                                                                          |                                                                                     |                                               | •                                                                                                                  |                                                                                                                 |
| Diago chook the ammond                                                                                                                        |                                                                                                 |                                                                                        |                                                                                                                                                          | ration of the                                                                       |                                               |                                                                                                                    | <b></b>                                                                                                         |
| Please check the appropria                                                                                                                    |                                                                                                 | categories (will not be                                                                | printed on the patent):                                                                                                                                  | individual 🖵 Co                                                                     | rporation                                     | or other private grou                                                                                              | p entity Government                                                                                             |
| 4a. The following fee(s) a                                                                                                                    | re submitted:                                                                                   |                                                                                        | 4b. Payment of Fcc(s): (Plea<br>A check is enclosed.                                                                                                     | se first reapply an                                                                 | y previo                                      | usly paid issue fee s                                                                                              | nown above)                                                                                                     |
|                                                                                                                                               | small entity discount p                                                                         | ermitted)                                                                              | Payment by credit car                                                                                                                                    | d. Form PTO-2038                                                                    | is attach                                     | ed.                                                                                                                |                                                                                                                 |
|                                                                                                                                               | of Copies                                                                                       |                                                                                        | The Director is hereby overpayment, to Depo                                                                                                              |                                                                                     |                                               |                                                                                                                    | ciency, or credit any extra copy of this form).                                                                 |
| 5. Change in Entity State                                                                                                                     | us (from status indicated                                                                       |                                                                                        | _                                                                                                                                                        |                                                                                     |                                               | · · · · · · · · · · · · · · · · · · ·                                                                              |                                                                                                                 |
| = =                                                                                                                                           | SMALL ENTITY statu                                                                              |                                                                                        | b. Applicant is no long                                                                                                                                  |                                                                                     |                                               |                                                                                                                    |                                                                                                                 |
| interest as shown by the re                                                                                                                   | ecords of the United Sta                                                                        | tes Patent and Tradema                                                                 | ted from anyone other than the office.                                                                                                                   | ie applicant; a regis                                                               | stered atto                                   | orney or agent; or the                                                                                             | assignee or other party in                                                                                      |
| Authorized Signature _                                                                                                                        |                                                                                                 |                                                                                        |                                                                                                                                                          | Date                                                                                |                                               |                                                                                                                    |                                                                                                                 |
| Typed or printed name                                                                                                                         |                                                                                                 |                                                                                        |                                                                                                                                                          | _                                                                                   |                                               |                                                                                                                    |                                                                                                                 |
|                                                                                                                                               |                                                                                                 |                                                                                        |                                                                                                                                                          |                                                                                     |                                               |                                                                                                                    |                                                                                                                 |
| an application. Confidenti<br>submitting the completed<br>this form and/or suggestic<br>Box 1450, Alexandria, Vi<br>Alexandria, Virginia 2231 | ality is governed by 35 application form to the ons for reducing this bur rginia 22313-1450. DO | U.S.C. 122 and 37 CF<br>USPTO. Time will varden, should be sent to<br>NOT SEND FEES OF | tion is required to obtain or r<br>R 1.14. This collection is est<br>ry depending upon the indiv<br>the Chief Information Office<br>& COMPLETED FORMS TO | imated to take 12 m<br>idual case. Any con<br>r, U.S. Patent and 7<br>THIS ADDRESS. | ninutes to<br>mments of<br>Frademar<br>SEND T | o complete, including<br>on the amount of tim<br>ik Office, U.S. Depar<br>(O: Commissioner for                     | gathering, preparing, and<br>e you require to complete<br>tment of Commerce, P.O.<br>or Patents, P.O. Box 1450, |

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|--------------------------------------------|------|------------|----------------------|-------------------------|------------------|--|--|
| 10/603,851 06/25/2003                      |      | 06/25/2003 | Kenneth L. Carr      | 102015-0040             | 3706             |  |  |
| 24267                                      | 7590 | 05/03/2007 |                      | EXAM                    | NER              |  |  |
| CESARI AND MCKENNA, LLP                    |      |            |                      | SMITH, RUTH S           |                  |  |  |
| 88 BLACK FALCON AVENÚE<br>BOSTON, MA 02210 |      |            | ART UNIT             | PAPER NUMBER            |                  |  |  |
|                                            |      |            |                      | 3737                    |                  |  |  |
|                                            |      |            |                      | DATE MAILED: 05/03/2007 |                  |  |  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 811 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 811 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.